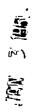
BIRTH NO.				ALTH OF MISSOU CATE OF DEA		State F	. 4	0436	5
	• 1000	REG. DIST.	,	PRIMARY REG. DIST.	NO. 63	5462in	rar's No.C	2010)
1. PLACE OF DEA	ene			2 USUAL RESID	ENCE (WI	here deceased live b. COUN	d. If instit	eene	nce befor
	orporate limits, write R	townshi	c. LENGTH OF STAY (in this place)	C. CITY (If outside cor	porate limite,		give townsh		9/1
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET (N' rural, give location) Willard Rt. 2			1 5011	0	/			
3. NAME OF DECEASED	Willard .		b. (Middle)	c. (Last)		4. DATE (Month)		Year)
(Type.or Print) 5. SEX	COV COLOR OR RACE	7. MARRIED, WIDOWED.	Everett NEVER MARRIED, DIVORCED (Specify)	Long 8. DATE OF BIRTH		DEATH Description of the Death	CC.	YEAR IF UND	50 ER 24 HRS.
Male Oa. USUAL OCCUPATIO domeduring most of world Farmer	White ON (Give kind of work ing life, even if retired)	Marr 196. KIND O	business or in- business or in- business or in- business	Oct. 13 18 11. BIRTHPLACE (State Missouri	or foreign cou			2. CITIZEN (<u> </u>
3a. FATHER'S NAME Buford Lo		13ь.	MOTHER'S MAIDEN Milissa A			of HUSBAND			
15. WAS DECEASED EVE	ER IN U.S. ARMED I I you, give war or dates NO	FORCES? 16. of service)	SOCIAL SECURITY NO.	Mre. Cord	_	ture or na			RESS
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. Il means the discase, injury, or complication which caused death.	DISEASE OR CODIRECTLY LEAD ANTECEDENT Code Morbid conditions rise to the above on the underlying cau The Conditions contributed to the disease.	AUSES s, if any, giving ause (a) stating use last. FICANT CONDIT outing to the death se or condition co	DUE TO (b) DUE TO (c) TONS but not using death.	uo Vilen	<u> </u>	West		ONSET AND	20
19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE		21b. PLACE OF IN	IJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP)	(COi.	YTY)	YES (STAT	NO Z
SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	<u> </u>			21f, HOW DID INJURY	OCCUR?				
2. I hereby certify alive on 12	that I attended to	he deceased f	rom Aug ?	7, 19 50, to 12 0:30an., from th		, 19 50, th	at I last te elgted	saw the de above. 23c. DATE S	
3. SIGNATURE	/ · /			HM	- P		W.	12-1	
23a. SIGNATURE 24a. BURIAL. CREMA TION REMOVAL (Bloodly BURIAL) 10 1E	1	NAME OF CEMETER	Y OR CREMATORY CEME TELY	24d. LOCAT	ion (City, town	n, or county		State)

PROFIT FYAIN



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reve		e was embalmed by me, or by
vorking under my personal supervision.	22	X

,

Signed / W / Words

Licensed Embalmer No. 407

P. O Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIT

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer